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Diplomate: American Board of Psychiatry and Neurology
Board Certified – Child, Adolescent and Adult Psychiatry

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FINANCIAL POLICY- BMC-TROY

EFFECTIVE JANUARY 1, 2011

Visit us at www.bmctroy.com for more information about our clinic, including current research opportunities!!

One of the goals of our office is to help keep your health care costs as low as possible. One way we attempt to do this is to keep our costs to a minimum. Please help us in the following ways:

1. **ALWAYS** bring your current health insurance card and license to the office. We will need to scan both of them at your first visit. Please notify us at time of check-in of any changes in insurance, address, marital status, custody, phone number, etc. In cases of divorce or separation, the parent authorizing treatment on behalf of a child will be the parent responsible for the **full** balance associated with the visit, to be paid **in full** on each day of service.
2. It is the **responsibility of the cardholder/ patient** to know the details of eligibility and coverage with the insurance carrier. If your insurance requires a referral to see a specialist, it is your responsibility to notify us prior to the appointment date. If you have multiple insurance plans, it is your responsibility that they coordinate correctly.
3. If you do not have any insurance coverage, please come prepared to pay your visit in full on each day of service.
4. We are **required** by our insurance contracts to collect all co-payments at the time of service. You **MUST** pay your co-pay/ deductible at the time of the visit. **If you do not, we will charge a \$10 processing fee that will not be billable to your insurance carrier.**
5. We will attempt to help you understand your mental health coverage; however, office visits may not be covered by your insurance plan. If your claim is denied for a non-covered service, you are financially responsible for the cost of the visit.
6. Some mental health policies may not cover the entire year of services. If your mental health coverage is exhausted for any given year, you are then responsible for payment at the standard BMC Troy rate for services rendered, which are different from the rates utilized with your insurance.
7. If your account has a credit, these are reviewed and processed on a quarterly basis.
8. Please be aware that if you choose to schedule an appointment with Dr. Amann and a therapist in the same day, your insurance may not cover both sessions, leaving you responsible for whatever is not paid by them. As such, we prefer not to schedule same day appointments with two providers.
9. **You will be charged a \$90 missed appointment or late cancellation fee for any appointment that is not kept, unless it is cancelled at least 24 hours in advance.** Frequent cancellations may result in termination of treatment. This charge is **NOT** billable to your insurance. Dr. Amann and some therapists make reminder calls if possible, but this is a **courtesy** call. You are responsible for your appointment **regardless** of whether you received this call. If you do not show for one of our group sessions, you will be charged \$30 for each missed group session.
10. If you arrive more than 20 minutes late for your psychotherapy appointment, we cannot bill your insurance for the full session that you were scheduled for. Before being seen for the remaining time, you will need to sign our "late show" policy. This policy states that you are responsible to pay the difference between your full scheduled appointment charge, and the shorter time we are now able to bill your insurance, based on your insurance plan's rates. This payment difference is due at the time of the appointment.
11. If you are having a Quotient test, you are responsible for the copay/deductible at the time of the test. We will attempt to bill the insurance for the remainder, but if it is not a covered benefit in your policy, you are responsible for the full amount.
12. If you require services that are not a covered benefit (ex. marital therapy), you will need to sign the "Non-Covered Service" form and pay in full on the day of the visit.
13. **If you write a check and it is returned to us with "insufficient funds," you will be charged \$30 per insufficient funds check.** In addition, prior to the next appointment, you will be responsible to re-pay the money owed to BMC- Troy along with the \$30 charge, using cash or a credit card only.
14. If your account becomes past due, we will take necessary steps to collect the debt, including referring your account to an outside collection agency.
15. Prescription refills require **a minimum of 48 hours notice**. However, some prescriptions cannot be called/ faxed in. These prescriptions can either be mailed to you (**in which case we require a four day notice**) or picked up. **If you choose to have us mail your scripts, you will be charged a yearly fee of \$15 to cover administrative costs. This charge will be re-applied each year, in January, and is in effect until the end of December of that calendar year.**
16. If you are requesting copies of medical records or a letter, please note that there may be a charge, to be determined based on the complexity and time required to complete it. This charge must be paid prior to receipt of the letter.

I have read this Financial Policy and understand that I am ultimately responsible for the charges incurred. This is an agreement between Behavioral Medical Center – Troy and me, the patient or patient representative. By executing this agreement, I agree to pay for all services rendered or charges incurred, as indicated above.

Patient Name

Date

Patient/Parent/Guardian Signature

Date